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FLORIDA PROFIT CORPORATION OR P.A.

Air Nail Incorporated

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

**Air Nail Incorporated**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**Air Nail Incorporated**  
6839 Town Harbour Boulevard, Suite 1618  
Boca Raton, FL 33433

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**200 Shares at No Par Value**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Kathleen Giufini**  
6839 Town Harbour Boulevard, Suite 1618  
Boca Raton, FL 33433

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Prepared By:  
Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940

**ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)**

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Kathleen Giulini - President  
6839 Town Harbour Boulevard, Suite 1618  
Boca Raton, FL 33433**

**ARTICLES VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Kathleen Giulini  
6839 Town Harbour Boulevard, Suite 1618  
Boca Raton, FL 33433**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20th day of February 2004.



**Kathleen Giulini - Signature**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Air Nail Incorporated

2. The name and address of the registered agent and office is:

Kathleen Giulini  
Name  
6839 Town Harbour Boulevard, Suite 1618  
(P.O. Box or Mail Drop Box NOT Acceptable)  
Boca Raton, FL 33433  
(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I farther agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

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Kathleen Giulini  
SIGNATURE

February 20, 2004  
(Date)